



FORREST BURDETTE

CHILDREN'S OUTREACH MINISTRIES

Early Education Enrollment Form

School Year 2017-2018

2 Year Old Class 3 Year Old Class 4 Year Old Class

Please use child's age as of September 1, 2017

Preferred Days of Attendance: 2 days T/TH 3 days M/W/F 5 days M-F

Full Day Program 7am-6pm 5 hour Program 8:30am-1:30pm 3's and 4's class only

3 1/2 hour Program 8:30am-12:00pm 2's class only

Pre-K Collaborative After-School 4 days afterschool till 6:00 & 1 day, Fri. 7:00-6:00

Pre K school coming from _____ phone number _____

Pre K, will your child be here on Putnam Co. IS days? _____ snow days? _____ Holidays? _____

Child's Full Name _____ Sex: M or F (circle)

Name Child Goes By _____ Birthdate _____

Address _____ Telephone _____

City _____ State _____ Zip _____

Father's Name _____ Occupation _____

Home Address _____

Employer _____ Hours of Employment _____

Employer's Address _____

Cell Number _____ Work Number _____

Email Address _____

Mother's Name _____ Occupation _____

Home Address _____

Employer _____ Hours of Employment _____

Employer's Address _____

Cell Phone _____ Work Number _____

Email Address _____

Legal Guardian (if parents are divorced) _____

**IF THERE ARE RESTRICTIONS REGARDING CHILD CUSTODY, PLEASE
PROVIDE A COPY OF THE PARENTING PLAN FROM YOUR DIVORCE DECREE.**

Release Form

Name of student _____

Special instructions/restrictions concerning releasing your child _____

List and describe the people who are authorized to pick up your child:

Name _____ Relationship _____

Address _____ Phone _____

Physical Description _____

Name _____ Relationship _____

Address _____ Phone _____

Physical Description _____

Name _____ Relationship _____

Address _____ Phone _____

Physical Description _____

Name _____ Relationship _____

Address _____ Phone _____

Physical Description _____

Name _____ Relationship _____

Address _____ Phone _____

Physical Description _____

The first time your child is picked up from the Early Education Program, we will check the driver's license of that person to verify their identity. If they are included on the list above, your child will be released to them. If they are not listed above, we will need a phone call from the parent/guardian releasing the child to someone not on the list. If the staff does not know this person, we will ask to see his/her driver's license to verify that this person is authorized to pick up your child as per the parent/guardian's phone instructions. These precautions are taken to insure the safety of all the children attending the Children's Outreach Ministries Programs.

Please be prompt in picking up your child. If your child is picked up late, we will send home a late pick-up notice. After this notice, a late fee will be charged for each occurrence.

Medical Information Form

I, _____, parent of _____, do hereby give my
Parent/Guardian Name of student

permission and/or consent for Forrest Burdette Memorial United Methodist Church to secure and authorize such emergency medical care and/or treatment as my child, named above, might require while under the supervision of the said church. I also agree to pay all of the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Physician to contact: _____ Phone: _____

Physician's Address _____

Hospital Preference _____

Insurance Company _____ Policy Number _____

In case of an emergency, please list who may be called if the parent(s) can't be reached. (Local Residents ONLY)

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Health History

Please check the appropriate health conditions for your child:

Diabetes _____ Seizures _____ Emotional Problems _____ Food Allergies _____

Drug Allergies _____ Abnormal: Sight _____ Hearing _____ Speech _____

If you checked yes to any of the above health conditions, please further explain the situation including a management/intervention plan (medication, corrective equipment, therapy):

Please list any specific limitations concerning activities: _____

Is your child on any medication at the present time? Yes _____ No _____ If yes, please explain including name of medication as well as condition being treated _____

Permission Form

I give permission for my child, _____, to participate in
Name of student

the following events at the Early Education Program:

Pictures/Videos/Audio

The Early Education Program may take pictures or videos of the children during a party, a field trip, or an interesting project. The pictures may be published in a slideshow, Facebook, newspaper, church bulletin, etc. I give Forrest Burdette Children's Outreach Ministries permission to take pictures or videos of my child.

Yes _____ No _____

Library

The three & four year old students will go to the library to check out books to take home for a week. If the books are lost or torn up, the parents would be responsible for replacing or paying for the book. I give permission for my child to check books out of the library.

Yes _____ No _____

Neighborhood Walks

When the weather permits, the staff will take the children on a walk in the immediate neighborhood. I give permission for my child to go on walks with his/her class.

Yes _____ No _____

Sunscreen/Diaper Rash Ointment Application

During warm weather, the children need sunscreen applied before they go outside to play. If the child has diaper rash, the staff can apply diaper rash ointment to the affected area for 5 consecutive days within a 30-day period without written permission from a licensed health care provider. The parent(s) will be responsible for providing sunscreen and/or diaper ointment for child. I give permission for the Early Education Staff to apply diaper rash ointment and/or sunscreen on my child as needed.

Yes _____ No _____

Other

Siblings (Please list names and ages of brothers and sisters and where they attend school)

My child will attend kindergarten at _____ Elementary School.

I have read and understand the information on the enrollment, medical information, student release, and permission forms. I declare that the information provided on these forms is valid and accurate. If any information should change for my child, I will provide a written update to the Early Education Program.

Signature _____

Parent/Guardian

Date _____

Office Use Only

Start Date: _____ Withdrawal Date: _____

____ Enrollment Form ____ Birth Certificate ____ Immunization Records ____ Child Profile
____ Health Appraisal ____ Health History ____ Pesticide Form ____ Meal Form
____ Parent & Child Care Center Agreement ____ Handbook Agreement

Registration Fee #1	Date: _____	Amount: _____	Check #: _____
Registration Fee #2	Date: _____	Amount: _____	Check #: _____
Summer Activity Fee	Date: _____	Amount: _____	Check #: _____